

I-Resolutions Inc.

An Independent Review Organization
3616 Far West Blvd Ste 117-501
Austin, TX 78731
Phone: (512) 782-4415
Fax: (512) 233-5110
Email: manager@i-resolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Oct/16/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: ACDF C3-5 fusion with a 23 hour observation

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: DO, Board Certified Neurological Surgery

REVIEW OUTCOME: Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute. It is this reviewer's opinion that the proposed ACDF C3-5 fusion with a 23 hour observation is not medically necessary

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a female who was injured on xx/xx/xx when she fell after losing her balance. The patient fell on her lumbar region and right hand. The patient did complain of pain in the cervical region radiating to the upper extremities that was worse with physical activities. The patient did attend physical therapy and had utilized anti-inflammatories as well as other analgesics for pain. There was no prior history of epidural steroid injections for the cervical spine. MRI studies of the cervical spine from xxxxxx did note disc desiccation at C3-4 with disc bulging flattening the ventral cord margin causing mild central stenosis. No foraminal narrowing was evident. At C4-5, there was a 3mm disc protrusion also indenting the ventral cord margin with mild central stenosis. No foraminal narrowing at this level was noted. The patient was seen by for ongoing complaints of neck pain that had failed conservative management. The 06/01/15 evaluation from noted continuing complaints of pain in the neck radiating to the upper extremities. The patient was a non-smoker. Physical examination did note some left grip weakness, 4+/5 as well as some weakness at the dorsal interossei muscle bilaterally. No other reflex changes or sensory deficits were evident. Motor strength was intact in all major motor groups. Due to failure of conservative treatment, the patient was recommended for a C3 to C5 anterior cervical discectomy and fusion. The most recent evaluation was on 07/21/15 performed NP. This evaluation found no focal neurological deficit.

The proposed anterior cervical discectomy and fusion at C3-4 and C4-5 was initially denied by utilization review on 06/26/15 as there was no evidence of instability documented on imaging as well as significant nerve root compression. The patient's physical examination findings were unremarkable for any clear evidence of radiculopathy. There was also limited documentation regarding conservative management.

The request was again denied on 08/10/15 as there were minimal findings for radiculopathy, myelopathy, or other conditions to warrant the proposed surgical procedures.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient has been followed for persistent complaints of neck pain radiating to the upper extremities. The patient did not present with objective findings consistent with cervical myelopathy. There was no evidence of pathological reflexes or an ataxic gait. MRI studies did not find any evidence of abnormal signal within the cervical cord. No evidence of cord contact or compression was noted. The patient's MRI studies also found no evidence of foraminal stenosis or nerve root impingement. The patient's physical examination findings did not identify clear evidence regarding cervical radiculopathy. Although the patient remains symptomatic despite conservative management, the limited physical examination and imaging findings would not support the surgical requests. Therefore, it is this reviewer's opinion that the proposed ACDF C3-5 fusion with a 23 hour observation is not medically necessary and the prior denials remain upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

☐ ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

☐ AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

☐ DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

☐ INTERQUAL CRITERIA

☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

☐ MILLIMAN CARE GUIDELINES

☒ ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

☐ TEXAS TACADA GUIDELINES

☐ TMF SCREENING CRITERIA MANUAL

☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)